



IN THIS ISSUE

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Joint Editors

PRACTISING PUBLIC HEALTH BEYOND MEDICINE

In this issue we offer a range of contributions on the practice of public health beyond medicine.

An Editorial on domestic violence suggests the need for an epidemiology of social silence, tolerance, and inhibition. The need to break the silence is, however, not confined to domestic violence against women, a recent World Health Organisation's report on violence and health also identifies violence against children, violence against elders, and communal violence as key issues. External causes are a leading cause of death in males aged 15 to 54 in many parts of the world, but do not feature prominently on most Department of Health radar screens.

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Our final two occupational health galleries feature women from the United States who have made significant contributions to occupational health and safety. As this series of Gallery ends, we invite readers to submit other Gallery pieces with photos highlighting contributions by committed individuals to other areas of public health practice.

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Speakers' Corner throws the spotlight on one of the most contentious topics—that of persistent toxic substances in relation to low levels of exposure. We are reminded of Geoffrey Roses's big idea that changing the population distribution of a risk factor prevents more burden of disease than targeting people at high risk. I am reminded of Rachel Carson's *Silent Spring*,¹ which I read while still at school and which drew attention to these questions almost 40 years ago.

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Health impact assessment continues to attract practical interest, and in their paper Mindel and colleagues discuss current issues surrounding it; while the

contribution that public legal education and legal advice can make to the promotion of public health is explored by a group from the Legal Services Commission in London. The vexed question of the impact of depleted uranium on the health of members of the armed forces leads to the question being put as to who wants screening for it and why?

See pages 546, 552, 558

Non-accidental injury and driving behaviour continue to develop as areas for public health intervention, and debates about tickets for traffic violations have become common. A contribution from France explores the impact of corruption leading to the cancellation of penalties by social networks on the credibility of preventive measures.

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Surprise findings from Great Britain on smoking advice where, despite several years of this being a priority, the proportion of smokers recalling receiving help appears to have fallen; and our Continuing Professional Education section carries a welcome Glossary for evidence based health.

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Key findings from this month's Research Reports are that:

- Fetal growth predicts stress susceptibility independent of parental education (in Swedish male conscripts);
- The strong association between ethnicity and poor self reported health among immigrants from Poland, Turkey, and Iran in Sweden seems to be mediated by socioeconomic status, poor acculturation, and discrimination;
- Political and economic upheaval, increasing poverty, and alcohol consumption can be considered the main underlying causes of the widening ethnic mortality gap in Estonia after the collapse of the Soviet Union;
- In the United Kingdom the socioeconomic group classifications (NS-SeC) show a pronounced gradient in self rated general health across the population of working age. It is a useful measure for women, but may be better at classifying men.
- The relative impact of childhood and adulthood social conditions varies by cause of death.
- A census based study of life course influences over three decades concludes that to fully account for socially mediated risk of death a full life course approach should be adopted.
- In Denmark, for each educational group smoking reduces the expected life time in a healthy state.

See pages 571, 574, 583, 590, 597, 599, 604

Several papers on Theory and Methods this month will help researchers in improving the estimation of the variants of expectation of life for small populations; clarify the issues surrounding environmental factors on disease causing genes; help the debate on age specific measures of consensual poverty in older adults; and raise important issues on the self reporting approach in clinical and epidemiological studies with non-English speakers. Finally, the use of control charts to quantify inequity in healthcare provision is discussed in respect to access to surgery for lung cancer in the east of England.

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Falls, rheumatoid arthritis, drunk driving, and drowning are among the topics to be found in this month's Hygieia.

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